

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE
FAIR POLITICAL
PRACTICES COMMISSION

City of Riverside
City Clerk's Office

Please type or print in ink.

NAME OF FILER (LAST) LOVERIDGE (FIRST) RONALD (MIDDLE) O

1. Office, Agency, or Court

Agency Name

City of Riverside

Division, Board, Department, District, if applicable

Mayor

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Riverside

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/30/11
(month, day, year)

Signature

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Louise Dye

NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock
☐ Other (Describe)
☐ Partnership
☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ACQUIRED / / 10
 DISPOSED / / 10

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$100,001 - \$1,000,000
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IF APPLICABLE, LIST DATE:
 ACQUIRED / / 10
 DISPOSED / / 10

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Steven G. J.

► NAME OF SOURCE
Riverside Chamber Commerce
ADDRESS (Business Address Acceptable)
Inaugural Event Dinner
BUSINESS ACTIVITY, IF ANY, OF SOURCE
3/24/10 \$190 two tickets

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE
CA State Protocol Foundation
ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1400
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SAC, CA 95814

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12/16/10</i>	<i>\$25436</i>	<i>WRAP</i>
___/___/___	\$	<i>re Governor</i>
___/___/___	\$	<i>at Convention Center</i>
___/___/___	\$	<i>E-SAC</i>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$	
___/___/___	\$	
___/___/___	\$	

Comments: _____

(d)(5)

Subject: It's a Wrap event at the Sacramento Convention Center on December 16, 2010

Attachments: image001.wmz; oledata.mso

Our records indicate that you attended the It's a Wrap event at the Sacramento Convention Center on December 16, 2010.

In compliance with recent interpretations issued by the FPPC, the source of the gift provided to you is deemed to be the sponsors who made payments to the California Protocol Foundation in connection with the event. Listed below is an allocation to you for the cost from each sponsor for the event.

FPPC Regulation 18945.4 requires that where a gift is received from multiple donors, the gift must be reported if the gift's total value equals or exceeds \$50. However, under that regulation, the name of any donor whose share of the gift is less than \$50 need not be separately reported and can instead be described in general terms. For example, you may report that you received a gift valued at \$254.36 attributed to multiple donors of the California Protocol Foundation, including \$66.67 from Arnold Schwarzenegger and the remainder from donors under \$50.

If you do not wish to accept and report this gift, you may send a check payable to the California State Protocol Foundation for the total of \$254.36 within 30 days of the event, which would eliminate any reporting requirement. The mailing address is after this list donors.

Arnold Schwarzenegger	\$ 66.67
Mr. Charles Thomas Munger, Jr.	\$ 16.67
Yin McDonald's Company	\$ 16.67
Farallon Capital Management	\$ 16.67
Farmers Services, LLC	\$ 16.67
Powers	\$ 16.67
Alan S. Gregory	\$ 6.67
California Ski Industry Association	\$ 6.67
Altria Client Services, Inc.	\$ 6.67
Westfield America, Inc.	\$ 6.67
Blue Shield of California	\$ 6.67
Jefferies and Company	\$ 6.67
Time Warner Cable, Inc.	\$ 6.67
Ashbritt	\$ 6.67
Woodside Hotels & Resorts	\$ 3.33
California Retailers Association	\$ 3.33
United Parcel Service	\$ 3.33
California Chamber of Commerce	\$ 3.33
ROEM Corporation	\$ 3.33
Sempra Energy	\$ 3.33
Kevin & Don Norte	\$ 3.33
The Winninck Family Foundation	\$ 3.33
AT&T	\$ 3.33
California Alliance for Jobs	\$ 3.33
California Business Properties Association	\$ 3.33
Shinnyo-En Foundation	\$ 2.00
CA Assoc of Hospitals & Health Systems	\$ 2.00
City Pass, Inc.	\$ 1.67
Musco Family Olive Company	\$ 1.67
Lucas Public Affairs	\$ 1.67
California Strategies	\$ 1.67
Mercury	\$ 1.67
Fireman's Fund Insurance Companies	\$ 1.33
Belkin International, Inc.	\$ 0.67
Total	\$ 254.36

Regards,

Larry Dicke
 EVP Finance & CFO
 California State Protocol Foundation
 1215 K Street, Suite 1400
 Sacramento, CA 95814
 916-930-1225 Office

1/17/2011

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Laveridge</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE
League of CA Cities
ADDRESS (Business Address Acceptable)
1400 K Street
CITY AND STATE
SAC, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 01/01/10 - 12/31/10 AMT: \$ 1,337.56
(If applicable)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

DESCRIPTION: travel, meals, lodging
for volunteer service as a member
of the League's Bd of Directors

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)
CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If applicable)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

DESCRIPTION: _____

Comments: _____

League of California Cities BOARD MEAL FUNCTIONS IN 2010

Costs incurred by the League for board meal functions during 2010.

Board members may review the following list of meal functions, identify those you attended, and add the cost to the summary of direct charges and reimbursements for a total of League costs during 2010.

	Feb. 11-12	April 22-23	July 15-16	Sept. 17	Nov. 17-19	
Meal Function	League Office Marriott	League Office Citizen Hotel	Mission Inn Riverside	San Diego Convention Center	San Diego Hilton Bay View	Total
Wednesday snack					9.00	
Wednesday dinner					79.00	
Thursday breakfast					38.00	
Thursday lunch	25.00	18.00	36.00		49.00	
Thurs. snacks/bev	15.00		9.00		9.00	
Thurs. recep/dinner	70.00	68.00	69.00		82.00	
Thurs. dessert recep.						
Friday breakfast		31.00	33.00	40.00	38.00	
Friday am snacks						
Friday recep/lunch	24.00	37.00	33.00		37.00	
Friday snacks/bev.						
Friday recep/dinner						
Total	134.00	154.00	180.00	40.00	341.00	849.00

League of California Cities
Board Member Report
January through December 2010

Date	Num	Name	Memo	Amount
Loveridge, Ron				
02/12/2010	021210	Loveridge, Ronald O.	taxi/parking Feb 10 board meeting	71.50
05/26/2010	051210	Loveridge, Ronald O.	hotel governor meeting 05/12/10	235.73
05/26/2010	051210	Loveridge, Ronald O.	taxi/parking governor meeting 05/12/10	85.75
02/16/2010	2861	Residence Inn by Marriott	hotel Feb 10 board meeting Ron Loveridge	95.58
				<hr/>
				488.56